

## KENTUCKY BOARD OF DENTISTRY INSTRUCTIONS FOR DENTAL LICENSURE BY EXAMINATION

- Applications are valid for 6 months from the date received in the Board office. If you have not been licensed by this time, you will be required to start the application process over (201 KAR 8:530 Section 15).
- All fees paid to the Kentucky Board of Dentistry are non-refundable (201 KAR 8:520 Section 5) and the fee for any returned check is \$25.00 (201 KAR 8:520 Section 3(6)). ***IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.***
- You cannot obtain a license if you are currently subject to disciplinary action pursuant to KRS Chapter 313 which would prevent licensure.
- It is the applicant's responsibility to call the Board office to check on the status of his or her application.

### DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION

- \_\_\_\_ 1. Submit a completed and signed "Application for Dental Licensure." Use the name under which you wish to be licensed.
- \_\_\_\_ 2. Application fee: \$175. This amount covers licensure through December 31, 2011.
- \_\_\_\_ 3. Submit an official final transcript of your dental course work **with your degree posted** and with a seal or registrar's stamp on the transcript. You must have graduated from a CODA accredited dental school or program or dental department of a university with a DMD or DDS degree. **The transcript must be sent directly to the Board office from the school or university.**
- \_\_\_\_ 4. Provide proof of having successfully completed Part I and Part II of the National Board Dental Examination conducted by the Joint Commission on National Dental Examinations (JCND). The National Board Score card **must be sent directly to the Board office from the JCND**. There is an online system for requesting to have your Part 1 and 2 scores mailed: <http://www.ada.org/2665.aspx>. Under "Step 5: Scores Reports and NB Certificates" click "Request Score Report (Electronic)". The fee is \$25 per copy. If you have any further questions please call 1-800-232-1694.
- \_\_\_\_ 5. Submit a clinical exam score card **directly to the Board office from the provider of the examination**. You must have successfully completed one of the following regional clinical examinations within three (3) tries:
  - Council of Interstate Testing Agencies (CITA)
  - Central Regional Dental Testing Service (CRDTS)
  - North East Regional Board of Dental Examiners (NERB)
  - Southern Regional Testing Agency (SRTA)
  - Western Regional Examining Board (WREB)

You must call your regional examining authority and have your detailed score results sent directly to the Kentucky Board office unless you took SRTA. All SRTA scores are automatically sent directly to the Board office. WREB scores are sent to the Board office automatically only if you took the exam at University of Louisville or University of Kentucky. Valid clinical examination scores are effective for 5 years.

If you have taken a clinical examination three (3) times and failed to achieve a passing score you shall not be allowed to sit for the examination again until you have completed and passed a remediation plan approved by the board.

- \_\_\_\_\_ 6. You must complete and pass the board's jurisprudence examination, which can be taken online at <http://dentistry.ky.gov>. You may reference all of the statutes and regulations via the web or you may request that a law book be mailed to you. **Send \$50 to the Board office with your request for a law booklet.**
- \_\_\_\_\_ 7. If you graduated within the last 2 years from a school which includes a Cabinet of Health & Family Services (KY CHFS) approved HIV/AIDS course you do not need to submit proof of course completion.\* If you graduated more than 2 years ago, you must complete a KY CHFS approved HIV/AIDS course. A list of approved HIV/AIDS college curriculums is at the bottom of this checklist. For approval of HIV/AIDS courses or for a list of approved courses call (502) 564-6539 or visit the CHFS website at: <http://chfs.ky.gov/dph/epi/hiv aids/professionaleducation.htm>.
- \_\_\_\_\_ 8. Provide proof of having current certification in cardiopulmonary resuscitation (CPR) which meets or exceeds the guidelines set forth by the American Heart Association. **Send a copy of the front and back of the card.**
- \_\_\_\_\_ 9. Submit a criminal background check from the state or states of residence for the last five (5) years. If you are a Kentucky resident please visit the Administrative Office of the Courts website at: <http://courts.ky.gov/aoc/courtservices/recordsandstatistics/records.htm>. If you were a resident out of state any of the five (5) years please make sure you submit a statewide check from each state. You may also submit a background check by fingerprint.

**IF YOU HAVE BEEN LICENSED IN ANOTHER STATE SINCE GRADUATION YOU MUST ALSO PROVIDE THE FOLLOWING:**

- \_\_\_\_\_ 1. Provide verification within three (3) months of the date of application is received at the office of the board of any license to practice dentistry held previously or currently in any state or jurisdiction. A copy of your license is not acceptable. **These must be sent directly to the Board office from each jurisdiction.**
- \_\_\_\_\_ 2. National Practitioner Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic query done by the Board. Applicants must provide a written report for any positive returns on a query.
- **An additional \$25 fee, payable to the Kentucky Board of Dentistry, is required for this report.**

**IF YOU ARE APPLYING FOR INTIAL LICENSURE AS A DENTIST BY EXAMINATION MORE THAN TWO (2) YEARS AFTER FULFILLING ALL OF THE REQUIREMENTS OF YOUR CODA ACCREDITED DENTAL EDUCATION YOU MUST ALSO:**

- \_\_\_\_\_ Hold a license to practice dentistry in good standing in another state or territory of the United States or the District of Columbia
- OR**
- \_\_\_\_\_ If you do not hold a license to practice dentistry in good standing, you must complete a board approved refresher course prior to receiving a license to practice dentistry in the Commonwealth of Kentucky. For further information, contact the Board office.

**Make check payable to: KENTUCKY BOARD OF DENTISTRY**  
**Mail application to: 312 WHITTINGTON PARKWAY, SUITE 101**  
**LOUISVILLE KY 40222**  
**PHONE: 502/429-7280**

**\* Approved Dental HIV/AIDS College Curriculums**

Medical College of Georgia  
University of Iowa – Iowa City  
University of Kentucky  
University of Louisville  
University of Michigan – Ann Arbor  
University of Missouri – Kansas City  
University of Mississippi

Virginia Commonwealth University Medical College  
of Virginia  
West Virginia University School of Dentistry